

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 53 45 24

FILING DATE

APPLICANT(S),

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	2		1			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	(1)		1			
11	(1)		1			
12	(1)		1			
13	(1)		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	(1)		1			
19	(1)		1			
20	(1)		1			
21	(1)		1			
22	(1)		1			
23	(4)		1			
24	(1)		1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	25	←	23	←		←
TOTAL CLAIMS	26		24			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				↓
TOTAL DEP.		←				←
TOTAL CLAIMS						